

ARKANSAS STATE BOARD OF PHARMACY
101 East Capitol, Suite 218
Little Rock, AR 72201
Phone: (501) 682-0190 Fax: (501) 682-0195
www.accessarkansas.org/asbp

{ } Original Fee \$35
{ } Renewal Fee \$35
For 2004 (Last year
of the biennium)
{ } **Change of Pharmacist In Charge \$35

2003 -2004

INSTITUTIONAL PHARMACEUTICAL SERVICES PERMIT APPLICATION

► If obtaining a permit in 2003, \$35 renewal fee for 2004 must be included. (Total of \$70) ◀

NAME: ADDRESS: Arkansas License # (If Renewal) _____ Telephone # _____	FOR BOARD USE ONLY: LICENSE # _____ DATE ISSUED _____
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Application is hereby made by _____ to serve as _____
(Pharmacist) (Consultant – full time or other)
at _____ for registration for an Institutional Pharmaceutical Services
(Name of Institution)

located at the address stated above – and state:

1. Name & license number of pharmacist in charge:

_____ # _____

Whose title and duties consist of:

2. Other personnel: List all individuals handling drugs, other than administering, in this establishment. (WHEN ANY CHANGES OCCUR, YOU ARE REQUIRED TO NOTIFY THE BOARD OF PHARMACY, IN WRITING.)

<u>NAME</u>	<u>LICENSE #</u>	<u>TITLE</u>	<u>DUTIES</u>

I swear, or affirm, that all statements made herein are true and correct and that all the provisions of the laws and regulations relative to providing pharmaceutical services under this permit will be faithfully observed during the period any permit issued may be in force and effect; that I will be present for a sufficient number of hours weekly to maintain an adequate supply of medications at the several service areas from which medications are administered, maintain all required records, and provide adequate control over all pharmaceutical services rendered from this establishment.

Signed _____ Title _____

Note: This application expires on November 15, 2003 – Please contact the board office for a new application.